

JUL 21 2008

PTO/SB/22 (11-07)

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|                                                                                                             |  |                           |
|-------------------------------------------------------------------------------------------------------------|--|---------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>                                                 |  | Docket Number (Optional)  |
| <b>FY 2008</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                 |  | TAN-2-1408.01.US          |
| Application Number 10/767,843                                                                               |  | Filed January 29, 2004    |
| For METHOD FOR COMPENSATING FOR MULTI-PATH OF A CDMA REVERSE LINK UTILIZING AN ORTHOGONAL CHANNEL STRUCTURE |  |                           |
| Art Unit 2616                                                                                               |  | Examiner Rhonda L. Murphy |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|                                                                   | Fee    | Small Entity Fee |        |
|-------------------------------------------------------------------|--------|------------------|--------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120  | \$60             | \$ 120 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$460  | \$230            | \$     |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$1050 | \$525            | \$     |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$1640 | \$820            | \$     |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$2230 | \$1115           | \$     |

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 09-0435. I have enclosed a duplicate copy of this sheet.

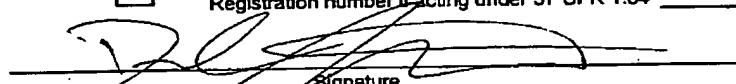
**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the  applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

attorney or agent of record. Registration Number 47,942

attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34

  
Signature

Darryl W. Shorter

July 21, 2008

Date

215-568-6400

Telephone Number

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 (in duplicate) forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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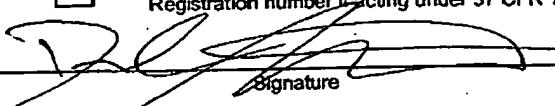
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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        | Docket Number (Optional)  |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------|--|-----|------------------|-------------------------------------------------------------------|-------|------|---------------------------------------------------------|-------|-------|-----------------------------------------------------------|--------|-------|----------------------------------------------------------|--------|-------|----------------------------------------------------------|--------|--------|
| FY 2008<br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        | TAN-2-1408.01.US          |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| Application Number 10/767,843                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        | Filed January 29, 2004    |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| For METHOD FOR COMPENSATING FOR MULTI-PATH OF A CDMA REVERSE LINK UTILIZING AN ORTHOGONAL CHANNEL STRUCTURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                           |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| Art Unit 2616                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        | Examiner Rhonda L. Murphy |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                           |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                           |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$460</td> <td>\$230</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1050</td> <td>\$525</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1640</td> <td>\$820</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2230</td> <td>\$1115</td> </tr> </tbody> </table> |        |                           |  | Fee | Small Entity Fee | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Fee    | Small Entity Fee          |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$120  | \$60                      |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$460  | \$230                     |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$1050 | \$525                     |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$1640 | \$820                     |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$2230 | \$1115                    |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                           |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                           |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                           |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                           |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>09-0435</u> . I have enclosed a duplicate copy of this sheet.                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                           |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
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| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br><input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,942</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br><input type="checkbox"/> Registration number if acting under 37 CFR 1.34 _____                                                                                                                                                                                   |        |                           |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| <br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        | July 21, 2008             |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| Darryl W. Shorter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        | Date                      |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        | Telephone Number          |  |     |                  |                                                                   |       |      |                                                         |       |       |                                                           |        |       |                                                          |        |       |                                                          |        |        |

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